1. *As a therapeutic* in (*a.*) insomnia. Hypnotic sleep is more closely allied to healthy normal sleep than drugged sleep—therefore is of great service where brain nutrition is bad without depressing effect of drugs.

b. As a sedative in excitement.

c. To dispel temporary hallucinations.

2. *May be used for* purposes of management.

a. To overcome the morbid resistance of patients. Patients often refuse to do what is necessary for their highest good, and by hypnotizing them they can be made to do what is desired.

b. As a substitute for restraint.

Neuroses Convulsives et Affaiblissement Intellectuel.—By Prof. X. Francotte, (Bulletin de la Société de Médecine Mentale de Belgique, December, 1892). The association of convulsive phenomena with psychical disturbances is very common, but it is still a question as to whether there is any causal relation between them. From three interesting cases which have been carfully observed by Prof. F., the following summary may be made.

All three of these cases have a common character:—chronic convulsive neurosis accompanied by intellectual enfeeblement ending in insanity. Is it not possible, he says, to attribute the intellectual weakening to the convulsive condition? His theory is based on Ribot's "Psychology of attention," which demonstrates from numerous examples, that a great expenditure of motion and the condition of attention are antaganostic. Every one knows that reflection is impossible while running, or during any intense movement. On the other hand, when an audience is deeply attentive, it is said, according to the French, "*on y entendrait voler une mouche*," or as our localism gives it, "one could hear a pin drop." How quickly a flutter of movement passes over an audience after a period of strained attention.

Prof. F., concludes then, that chronic convulsive conditions, to say the least, favor and never inhibit intellectual degeneracy.

Visual Cerebral Centres in the case of the Dog and the Monkey.—By Vitzou, (2. Congr. de Physiol, tem. à Liège, an 1892). After having anæsthetized a dog by atropo-morphine and chloroform, the posterior part of the left hemisphere of the brain was extirpated. Awakening the animal, and placing a bandage over the eye corresponding to the injured side, the sight was indistinct, and he stumbled over obstacles. He took no notice of a piece of meat which was held opposite the internal angle of the right eye, but attempted to seize it when it was moved to the external angle of the same eye. Covering the right eye with the bandage, and placing the meat before the external angle of the left eye, the animal remained indifferent. Moving it to the internal angle of the same eye, and he again tried to obtain it. These facts prove that the intersection of the fibres of the optic nerves is incomplete.

Similar experiments were made—the right occipital lobe being extirpated. As a result of these researches—it was demonstrated that, after the extirpation of the posterior portion of the brain, dogs lose the sense of sight. These facts contradict the statements of Goltz who maintains that a dog, eighteen months after the extirpation of the brain would exhibit no signs of blindness.

In the case of the monkey, as demonstrated by Vitzou, the extirpation of the occipital lobes was accompanied by total and permanent blindness.

Cerebral Condition in Hypnosis.—By De Sarlo and Bernardini, (Rev. Sperin. de Fren., 1892). The following results were obtained from experiments on a portion of the brain of an epileptic, laid bare by a fall. During the experiments the subject lay in a cataleptic state, it being found impossible to produce in him the typical somnambulic condition. The cerebral circulation varies according to the hypnotic condition; the peripheral and cerebral circulations are not antagnostic during hypnosis; a more rapid pulse and a normal and regular respiration are characteristic; hypnotic influence is but transient as pertaining to cerebral temperature.

How does the Visual Apparatus React to Electrical Stimulation?—By A. Hoche, (Arch. für Psychiatrie, 1893). A study of the effects of electricity upon the normal eye. The least current necessary to produce a luminous sensation varies from $\frac{1}{50}$ to $\frac{1}{5}$ of a milliampere. The first sensation of light is found to appear at the closing of the anode but not the closing of the cathode; the opening of the anode has the weakest action, while the opening and closing of the cathode have but medium strength.

Entirpation of Large Portions of the Spinal Cord.—By Goltz and Ewald, (Neurol. Centralblatt, 1892). The reviewer is interested in this account of the authors, because he saw the animal thus experimented upon while in Strassburg, in August, 1891. There was removed from